

ASS. REC. BY: Ram

REF:

CS3/ TP 2000454/ Fy d3

ASSIGNMENT

From: 1 Date: _____

Estimated Cost: _____

OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No: FBA 1854Sat Workshop m/s MotorSports 25 Kakiof Bukit Road 4 #0638

Insured: _____

Policy No. _____

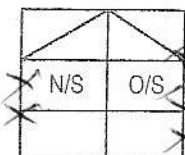
Claims No. _____

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

Remark: The veh had commenced its
repair at the time of inspection.

Bal. or Market Value: _____

IDAC Accident Rpt: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: _____ days Res.: Yes or No

Lum Sum: _____ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: FBA 1854S Yr Regn: 22/02/2006Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Honda CB400 c.c. 399Colour: Black A/C: Insured / Std / NI / NASp. Reading: 130516 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: NC391102296Gen. Cond: Good / Fair / Poor / BurntSteering: Inorder / Jammed / Leaked / Burnt orBrake: Inorder / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD A/Rim orTyre Size: F: 120/60 R17 metzelerR: 160/60 R17

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or metzelerFront R/Bal. 4 mmRear R/Bal. 4 mmL/Bal. 4 mmL/Bal. 4 mmD.O.A. 22/02/2020 D.O.I. 26/03/2020Survey held at JD motorsportsDes. of Damages: Frt / Rear O/S / N/S / U/C / Rooftop or

The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time Action / Instruction

Range: \$2000 - \$3000

Repair days: 3 days

MV: \$10900

PV: \$3851

WV: \$7049

Date/Time, File Pass to?

☐

: Preli. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

8/5/20 TypistDays Of Repair: 3Resurvey No. of Trip: 2

Survey Fee:

Transportation:

S + RS: \$

Photos

Others

TOTAL

Add Fee: ☐ : Site Insp (\$)☐ : Interview (\$)☐ : Tech. Invs (\$)☐ : Weekend (\$)

Report Format: _____

Lump Sum / LPH: (\$)

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Police for investigation.**
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT

Date Of Report	23/03/2020 12:11
Date Of Accident	22/03/2020 23:35
Exact Location Of Accident	T JUNCTION TAMPINES AVE 8 & TAMPINES AVE 3
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBA1854S
Insured/Policyholder	
Name Of Registered Owner	ZAKARIA BIN JAMIL
NRIC No	S2182976E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-87531064
Alternative Phone No	OFFICE-87531064

Vehicle Particulars

Manufacturer	HONDA
Model	CB400
Exact Purpose for which vehicle was being used at time of accident	LEISURE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	MOTORCYCLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5112415698
Cover Note Number	

Driver

Name of Driver	ZAKARIA BIN JAMIL
NRIC No	S2182976E
Date Of Birth	20/08/1962
Occupation	INDOOR
Date Of Driving Pass	23/03/1984
Driving Experience	35 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87531064
Fax Number	
Contact Number	OFFICE-87531064
Email Address	NOEMAIL

Address	BLK 879 #04-272 TAMPINES AVENUE 8
Postcode	520879
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - CROSS JUNCTION
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	2
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TAMPINES N.P.C
Police Station Address	ROAD: TAMPINES N.P.C , POSTCODE: 529682 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

Refer to police report

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHC8711T
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	CHAN MUI
NRIC/Passport Number	S0665141J
Contact Number	97655361
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

1

DETAILS OF INJURED PERSON 1

Name

ZAKARIA BIN JAMIL

Approximate Age

Injuries Sustain

Injured person in which vehicle?

FBA1854S

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode

Sketch Plan Pg. 1

INCOME MOTOR SERVICE CENTRE

Report Date & Start Time: 23/03/2020 11:57

Report No: MT

D.O.A: 22/03/2020

Time: 23:35 hrs

Vehicle No: FBA1854S

Reporting Type:

SKETCH PLAN

IMPORTANT NOTICE


1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
 - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all Insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

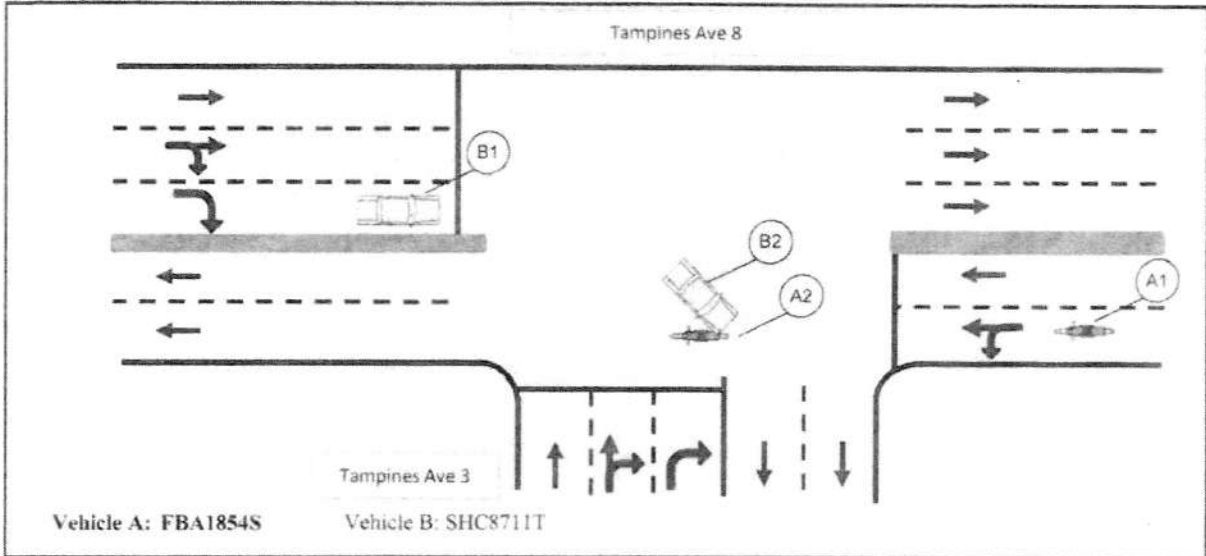

23/03/20 / 11:57
Policyholder's Signature / Date & Time

23/03/20 / 11:57
Driver's Signature (If driver is not the policyholder) / Date & Time

Alan Tang (S098825)
Customer Care Executive
Motor Service Centre

Witnessed by Reporting Centre Personnel

Sketch Plan Pg. 2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT


Refer to Police Report

Declaration

I/We declare the foregoing particulars are true in every respect.

 23/03/20 / 11:57
Policyholder's Signature / Date & Time

23/03/20 / 11:57
Driver's Signature (If driver is not the policyholder) / Date & Time

Alan Tang (S098825)
Customer Care Executive
Motor Service Centre

Witnessed by Reporting Centre Personnel



**SINGAPORE
POLICE FORCE**



T/20200323/2011

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

1 of 3

Report No. T/20200323/2011

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 23/03/2020 03:38	Vide Report No.:	Station Diary No.: 19
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Informant's Particulars

Name of Informant: ZAKARIA BIN JAMIL			Address: APT BLK 879 TAMPINES AVENUE 8 #04-272 SINGAPORE 520879	
ID Type / ID No.: NRIC NO / S2182976E			Contact No.: Home/Office: Mobile: 87531064	
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 57	Date of Birth: 20/08/1962	Type of Informant: Rider	
Race: Malay			Language: English	Institution / School Name:
Occupation: Bus driver			Driving Licence Information: Class: 2B,2A,3,4 Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 22/03/2020 23:35	Type of Location: T-Junction
Location: Along Road 1 TAMPINES AVENUE 8 TAMPINES AVENUE 3				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control: Traffic Light - Working	Traffic Volume: No Traffic	
Type of Collision: BETWEEN MOVING VEHICLES - SIDE TO REAR			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBA1854S	Motorcycle	HONDA	CB400 S5J M	White	Seriously Damaged	0
SHC8711T	TAXI					0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBA1854S	NTUC Income Insurance Co-Operative Limited	5112415698	05/09/2019	07/08/2020



**SINGAPORE
POLICE FORCE**



T/20200323/2011

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

2 of 3

Report No. T/20200323/2011

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	ZAKARIA BIN JAMIL	ID No.	S2182976E
Related Vehicle	FBA1854S (Motorcycle)	Contact No.	87531064
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,2A,3,4 Date of Expiry: NIL
Date Treatment	23/03/2020	Date Discharge	23/03/2020
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Driver			
Name	CHAN MUI	ID No.	S0665141J
Related Vehicle	SHC8711T (TAXI)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On the 22/3/2020 at about 2335hrs, I was riding my motorcycle bearing FBA1854S along Tampines Ave 8. I then reached the T-junction between Tampines Ave 8 and Tampines Ave 3. As I was going straight, and the traffic light was green in my favour, I continued straight. However, all of a sudden, there was an oncoming taxi bearing SHC8711T that came out from the other side and wanted to turn right to Tampines Ave 3. The taxi's right side portion collided into my motorcycle's rear portion which caused me to lose balance and my motorcycle fell to the left side while I managed to dismount off and fall to the right side.

My motorcycle's right signal light is broken and exhaust was dented. My motorcycle had to be towed away. No ambulance or traffic police came.

I went to Changi General Hospital to seek medical attention for pain at my left leg and posterior and I was given 3 days MC from 23/3/2020 till 25/3/2020.



**SINGAPORE
POLICE FORCE**



T/20200323/2011

3 of 3

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

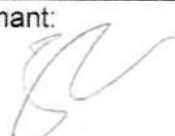
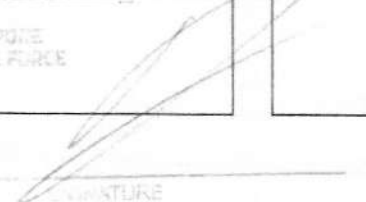
Report No. T/20200323/2011

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report: G / Sgt 3 MUHAMMAD DANIYAL BIN BAHARUDDIN	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 23/03/2020 03:38
Officer In Charge Of Case: TP / AEIT / SI ANG YI TING, STEPHANIE Contact No.: 65476414	Classification Of Case:
Authentication Stamp NP168 	

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID:	976E
Vehicle Details	
Vehicle No.:	FBA1854S
Vehicle to be Exported:	No
Intended Deregistration Date:	26 Mar 2020
Vehicle Make:	HONDA
Vehicle Model:	CB400 S5J M
Primary Colour:	White
Manufacturing Year:	2005
Engine No.:	NC23E2102301
Chassis No.:	NC391102296
Maximum Power Output:	-
Open Market Value:	\$8,187.00
Original Registration Date:	22 Feb 2006
First Registration Date:	22 Feb 2006
Transfer Count:	4
Actual ARF Paid:	\$1,229.00
Intended PARF Rebate Details	
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
Intended COE Rebate Details	
COE Expiry Date:	21 Feb 2026
COE Category:	D - Motorcycle
COE Period(Years):	10
PQP Paid:	\$6,486.00
COE Rebate Amount:	\$3,851.00
Total Rebate Amount:	\$3,851.00

The information contained herein is correct as at 26 Mar 2020

OK



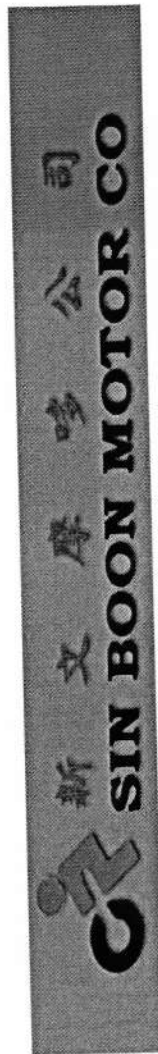
(1)

Bike model Type Of Vehicle Price From Price To Class

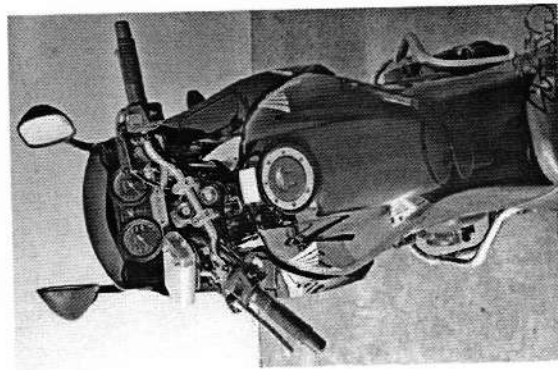
Any Any Any Any

Q SEARCH VIEW ALL (LISTING/USED/BIKES/LISTING/)

MORE SEARCH OPTIONS



Honda CB400 Super 4 Spec 3 Bold'or



Listing Type	Paid Ad
Brand	Honda (/listing/usedbike/brand/honda/)
Model	Honda CB400 Super 4 Spec 3 Bold'or (/listing/usedbike/model/honda-cb400-super-4-spec-3-bold-or/)
Engine Capacity	399cc
Classification	Class 2A (/listing/usedbike/model/motorcycle-for-sale/class/class-2a/)
Registration Date	13/01/2006
COE Expiry Date	31/12/2025 (5 years 9 months left)
Mileage	-
No. of owners	-

Type of Vehicle	Street Bikes (/listing/usedbike/model/motorcycle-for-sale/street-bikes/)
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REPORT ERROR > (/LISTING/USED/BIKE/15496/)

+ SHORTLIST

Share

[SHARE \(WHATSAPP/SENDTEXT--HTTPS://WWW.SGBIKEMART.COM.SG/Listing/usedbike/15496/\)](https://www.sgbikemart.com.sg/Listing/usedbike/15496/)

SELLER INFORMATION



SIN BOON MOTOR CO.,

RECOMMENDED DEALER

Sin Boon Motor Co
(/directory/company/sin-boon-motor-co/158)
View all used bikes (12)
(/listing/usedbikes/listing/?user=19460)

Address:
No.10 Admiralty Street,
#01-10/11 Northlink
Building, S(757695)
(http://maps.google.com/?q=No.10 Admiralty Street,
#01-10/11 Northlink
Building, S(757695))

Phone: 62578404

Fax: 67556214

Name **Contact**

Mr Cheng **+65 62... Click to view**

Price: SGD\$10900

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